## **Early Mental Health Initiative**

Request for Application EMHI-2006 Information Meeting Sponsored by the California Department of Mental Health

## **REGISTRATION FORM**

County:	School District/COE/Organization:			
School Site(s):		Number Attending:	Number Attending:	
Names:		Telephone Number:		
		FAX Number:		
Check Approp	riate Box:			
DATE	LOCATION		TIME	
August 15	Double Tree Hotel 2001 Point West Way, Sacramento, California, United States 95815 Tel: 916-929-8855  See http://www.doubletree.com/en/dt/hotels/index.jhtml?ctyhocn=RLSA-DT		10:00 to 3:00	
	1		1	
August 17	Atrium Hotel 18700 MacArthur Boulevard Irvine, CA 92612 Tel. (949) 833-2770		9:00 to 1:00	
☐ Please	See http://www.atriumhotel.com	e Request for Application		
Name:				
Mailing Address				
City		Zip Code:		

## THERE IS NO REGISTRATION FEE

Return by fax OR mail to:

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1600 Ninth Street, Room 350
Sacramento, CA 95814
Phone: (916) 653-7988

FAX: (916) 654-2739